Case 22-12770-MBK Doc 26 Filed 08/03/22 Entered 08/03/22 13:26:02 Desc Main Document Page 1 of 5

| Fill in this information to identify your case: |                        |                      |           |  |  |  |
|---|------------------------|----------------------|-----------|--|--|--|
| Debtor 1  | William E. Culver, III |                      |           |  |  |  |
|   | First Name             | Middle Name          | Last Name |  |  |  |
| Debtor 2  |                        |                      |           |  |  |  |
| (Spouse if, filing)                             | First Name             | Middle Name          | Last Name |  |  |  |
| United States Bankruptcy Court for the:         |                        | DISTRICT OF NEW JERS | SEY       |  |  |  |
| Case number (if known)                          | 22-12770               |                      |           |  |  |  |
|   |                        |                      |           |  |  |  |

Check if this is an amended filing

|      | ficial Form 106Sum<br>mmary of Your Assets and Liabilities and Certain Statistical Information   | _          | 12/45                         |
|------|--|------------|-------------------------------|
| Be a | s complete and accurate as possible. If two married people are filing together, both are equally responsible for mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amended original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | supplyin   |                               |
| Par  | 1: Summarize Your Assets   |            |                               |
|      |  | Your as    | ssets<br>If what you own      |
| 1.   | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$         | 240,667.00                    |
|      | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$         | 9,862.00                      |
|      | 1c. Copy line 63, Total of all property on Schedule A/B  | \$         | 250,529.00                    |
| Par  | 2: Summarize Your Liabilities  |            |                               |
|      |  |            | <b>abilities</b><br>t you owe |
| 2.   | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D   | \$         | 258,000.00                    |
| 3.   | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$         | 13,824.56                     |
|      | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$         | 2,981.00                      |
|      | Your total liabilities   | <b>.</b>   | 274,805.56                    |
| Par  | t3: Summarize Your Income and Expenses   |            | •                             |
| 4.   | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$         | 5,299.00                      |
| 5.   | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$         | 3,841.23                      |
| Par  | 4: Answer These Questions for Administrative and Statistical Records   |            |                               |
| 6.   | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your  | other sch  | nedules.                      |
| 7.   | Yes What kind of debt do you have?   |            |                               |
|      | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  | personal,  | family, or                    |
|      | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this be  | oox and si | ubmit this form to            |

- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum page 1 of 2

Case 22-12770-MBK Doc 26 Filed 08/03/22 Entered 08/03/22 13:26:02 Desc Main Document Page 2 of 5

Debtor 1 William E. Culver, III

Case number (if known) 22-12770

the court with your other schedules.

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form

| \$<br>7,066.00 |
|----------------|
|                |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

|  | Total clai | m         |
|--|------------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |            |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$         | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$         | 13,824.56 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$         | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$         | 0.00      |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$         | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$        | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$         | 13,824.56 |

| Fill | in this informa            | ition to identify yo                                  | our case:                   |  |   | l            |                                   |   |
|------|----------------------------|---|-----------------------------|--|---|--------------|-----------------------------------|---|
|      | tor 1                      | William E. Cı   |                             |  |   | Che          | eck if this is: An amended filing |   |
|      | otor 2<br>ouse, if filing) |   |                             |  |   | -            | ū                                 | wing postpetition chapter the following date: |
| Unit | ed States Bankr            | ruptcy Court for the                                  | : DISTRI                    | CT OF NEW JERSEY   |   |              | MM / DD / YYYY                    |   |
|      | e number 22<br>nown)       | 2-12770   |                             |  |   |              |                                   |   |
| Of   | fficial Fo                 | rm 106J   |                             |  |   | •            |                                   |   |
|      |                            | J: Your I   |                             |  |   |              |                                   | 12/1  |
| info | ormation. If m             |   | eded, atta                  | If two married people ar<br>ch another sheet to this<br>n.   |   |              |                                   |   |
| Par  |                            | ribe Your House                                       | hold                        |  |   |              |                                   |   |
| 1.   | Is this a joir             |   |                             |  |   |              |                                   |   |
|      | ■ No. Go to                | ) line 2.<br>es Debtor 2 live i                       | n a separa                  | ate household?   |   |              |                                   |   |
|      | _ 100.200                  |   |                             |  |   |              |                                   |   |
|      | ΠY                         | es. Debtor 2 mus                                      | st file Officia             | al Form 106J-2, <i>Expenses</i>                              | for Separate House                      | ehold of Del | otor 2.                           |   |
| 2.   | Do you have                | e dependents?   | ■ No                        |  |   |              |                                   |   |
|      | Do not list D<br>Debtor 2. | ebtor 1 and   | ☐ Yes.                      | Fill out this information for each dependent                 | Dependent's relation Debtor 1 or Debtor |              | Dependent's age                   | Does dependent live with you?                 |
|      | Do not state dependents    |   |                             |  |   |              |                                   | □ No  |
|      | dependents                 | names.  |                             |  |   |              |                                   | □ Yes<br>□ No                                 |
|      |                            |   |                             |  |   |              |                                   | ☐ Yes   |
|      |                            |   |                             |  |   |              |                                   | □ No<br>□ Yes                                 |
|      |                            |   |                             |  |   |              |                                   | □ Yes   |
|      |                            |   |                             |  |   |              |                                   | ☐ Yes   |
| 3.   | expenses o                 | penses include<br>f people other tl<br>d your depende | han $_{oldsymbol{\square}}$ | No<br>Yes  |   |              |                                   |   |
| Par  | t 2: Estim                 | ate Your Ongoi  | ng Monthi                   | y Expenses   |   |              |                                   |   |
| exp  |                            |   |                             | iptcy filing date unless y<br>y is filed. If this is a supp  |   |              |                                   |   |
| the  |                            | h assistance an                                       |                             | government assistance it<br>luded it on <i>Schedule I:</i> Y |   |              | Your exp                          | enses   |
| (0.  |                            | ,01.,   |                             |  |   |              |                                   |   |
| 4.   |                            | or home owners<br>and any rent for the                |                             | ses for your residence. In<br>r lot.                         | nclude first mortgage                   | e<br>4.      | \$                                | 1,651.23                                      |
|      | If not includ              | led in line 4:  |                             |  |   |              |                                   |   |
|      | 4a. Real e                 | estate taxes  |                             |  |   | 4a.          | \$                                | 0.00  |
|      |                            | rty, homeowner's                                      |                             |  |   | 4b.          | :                                 | 0.00  |
|      |                            | maintenance, re<br>owner's associat                   |                             |  |   | 4c.<br>4d.   |                                   | 25.00<br>0.00                                 |
| 5.   |                            |   |                             | our residence, such as ho                                    | me equity loans                         | 4u.<br>5.    | ·                                 | 0.00  |

|  | ulver, III  |                              | /n) <b>22-12770</b>            |
|--|---|------------------------------|--------------------------------|
| Utilities:                                       |   | _                            |                                |
| 6a. Electricity, hea                             |   | 6a. \$                       | 220.00                         |
|  | garbage collection  | 6b. \$                       | 75.00                          |
| •  | I phone, Internet, satellite, and cable services                              | 6c. \$                       | 430.00                         |
| 6d. Other. Specify                               |   | 6d. \$                       | 0.00                           |
| Food and housekee                                | ping supplies   | 7. \$                        | 440.00                         |
| Childcare and child                              | ren's education costs   | 8. \$                        | 0.00                           |
| Clothing, laundry, a                             | nd dry cleaning   | 9. \$                        | 75.00                          |
| Personal care produ                              | ucts and services   | 10. \$                       | 50.00                          |
| Medical and dental                               | expenses  | 11. \$                       | 65.00                          |
| Transportation. Incl                             | ude gas, maintenance, bus or train fare.                                      |                              |                                |
| Do not include car pa                            |   | 12. \$                       | 280.00                         |
| Entertainment, club                              | s, recreation, newspapers, magazines, and books                               | 13. \$                       | 10.00                          |
| Charitable contribu                              | tions and religious donations   | 14. \$                       | 0.00                           |
| Insurance.                                       |   |                              |                                |
| Do not include insura                            | nce deducted from your pay or included in lines 4 or 20.                      |                              |                                |
| 15a. Life insurance                              |   | 15a. \$                      | 0.00                           |
| 15b. Health insuran                              | ce  | 15b. \$                      | 0.00                           |
| 15c. Vehicle insura                              | nce   | 15c. \$                      | 0.00                           |
| 15d. Other insurance                             | e. Specify:   | 15d. \$                      | 0.00                           |
| Specify:   | e taxes deducted from your pay or included in lines 4 or 2                    | 0. 16. \$                    | 0.00                           |
| Installment or lease                             |   |                              |                                |
| 17a. Car payments                                |   | 17a. \$                      | 245.00                         |
| 17b. Car payments                                | for Vehicle 2   | 17b. \$                      | 0.00                           |
| 17c. Other. Specify                              |   | 17c. \$                      | 0.00                           |
| 17d. Other. Specify                              |   | 17d. \$                      | 0.00                           |
|  | limony, maintenance, and support that you did not re                          |                              | 0.00                           |
|  | pay on line 5, Schedule I, Your Income (Official Form                         | 106I). 18. \$                | 0.00                           |
| Other payments you                               | ı make to support others who do not live with you.                            | \$                           | 0.00                           |
| Specify:   |   | 19.                          |                                |
|  | expenses not included in lines 4 or 5 of this form or o                       |                              |                                |
| 20a. Mortgages on                                |   | 20a. \$                      | 0.00                           |
| 20b. Real estate tax                             |   | 20b. \$                      | 0.00                           |
| 20c. Property, home                              | eowner's, or renter's insurance   | 20c. \$                      | 0.00                           |
| 20d. Maintenance,                                | repair, and upkeep expenses   | 20d. \$                      | 0.00                           |
| 20e. Homeowner's                                 | association or condominium dues   | 20e. \$                      | 0.00                           |
| Other: Specify: C                                | igarettes   | 21. +\$                      | 200.00                         |
| Work clothes/exp                                 |   | <br>+\$                      | 50.00                          |
| Lawncare/Securit                                 |   | +\$                          | 25.00                          |
| -  |   |                              |                                |
| Calculate your mon                               |   |                              |                                |
| 22a. Add lines 4 thro                            | S .   | \$                           | 3,841.23                       |
| 22b. Copy line 22 (m                             | onthly expenses for Debtor 2), if any, from Official Form 1                   | 06J-2 \$                     |                                |
| 22c. Add line 22a and                            | d 22b. The result is your monthly expenses.                                   | \$                           | 3,841.23                       |
| Calculate your mon                               | thly net income.  |                              |                                |
| 23a. Copy line 12 ()                             | your combined monthly income) from Schedule I.                                | 23a. \$                      | 5,299.00                       |
|  | nthly expenses from line 22c above.   | 23b\$                        | 3,841.23                       |
| 1,7,7  |   |                              | 0,020                          |
|  | nonthly expenses from your monthly income.<br>our <i>monthly net income</i> . | 23c. \$                      | 1,457.77                       |
| Do you expect an in                              | crease or decrease in your expenses within the year a                         |                              | increase or decrease because o |
| For example, do you ex modification to the terms |   | reet yeur mengage payment te |                                |
| For example, do you ex                           |   | oot you. mongago paymon to   |                                |

# Case 22-12770-MBK Doc 26 Filed 08/03/22 Entered 08/03/22 13:26:02 Desc Main Document Page 5 of 5

| Fill in this information to identify your case: |                        |                     |           |      |
|---|------------------------|---------------------|-----------|------|
| Debtor 1  | William E. Culver, III |                     |           |      |
|   | First Name             | Middle Name         | Last Name |      |
| Debtor 2  |                        |                     |           |      |
| (Spouse if, filing)                             | First Name             | Middle Name         | Last Name |      |
| United States Bankruptcy Court for the:         |                        | DISTRICT OF NEW JEF | RSEY      |      |
| _   | 22-12770               |                     |           |      |
| (if known)                                      |                        |                     |           | ■ Ch |
|   |                        |                     |           | am   |

Check if this is an amended filing

### Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |   |
|--|---|
| Did you pay or agree to pay someone who is NOT an  | attorney to help you fill out bankruptcy forms?   |
| ■ No   |   |
| ☐ Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119) |
| Under penalty of perjury, I declare that I have read the that they are true and correct. | summary and schedules filed with this declaration and   |
| X /s/ William E. Culver, III   | X   |
| William E. Culver, III Signature of Debtor 1   | Signature of Debtor 2   |
| Date <b>August 3, 2022</b>   | Date  |